



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
BOB ODOM, COMMISSIONER

Animal Health Services, P.O. Box 1951, Baton Rouge, LA 70821-1951, (225) 922-1358, FAX (225) 237-5908



APPLICATION FOR STATE MEAT AND POULTRY INSPECTION

No grant for State Meat or Poultry Inspection may be issued unless this completed application has been received

INSTRUCTIONS: Submit this application to the Director, Meat and Poultry Inspection, Louisiana Department of Agriculture & Forestry, P.O. 1951, Baton Rouge, LA 70821-1951. Complete all sections. If a section is not applicable, enter "N/A" or "None". If additional space is needed for any item, attach sheet and number the item.

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|---|---|---|---|--|--|-------------|
| 1. DATE OF APPLICATION | | 2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER (Specify) _____ | | 3. TYPE OF INSPECTION REQUIRED <input type="checkbox"/> MEAT <input type="checkbox"/> RATITE <input type="checkbox"/> POULTRY <input type="checkbox"/> OTHER | | |
| 4. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Specify) _____ | | | | 5. IF CORPORATION: NAME OF STATE WHERE INCORPORATED | | |
| 6. DATE INCORPORATED (Month and Year) | | | | | | |
| 7. NAME OF APPLICANT, COMPANY NAME, AND MAILING ADDRESS (Include ZIP Code) | | | | 8. AREA CODE AND TELEPHONE NUMBER | | |
| 9. LOCATION OF PLANT AND PHYSICAL ADDRESS (Include ZIP Code) | | | | 10. AREA CODE AND TELEPHONE NUMBER | | |
| 11. OTHER NAMES (if any) UNDER WHICH BUSINESS WILL BE CONDUCTED | | | 12. OFFICIAL NUMBER ASSIGNED/RESERVED (Completed by Office) EST. _____ P. _____ | | | |
| | | | 13. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 14. DAYS PER YEAR PLANT WILL OPERATE | | 15. HOURS PER WEEK PLANT WILL OPERATE | | 16. HOURS PER DAY PLANT WILL OPERATE | | |
| 17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM DATE: _____ | | | | | | |
| SLAUGHTER ONLY | 18. ESTIMATED WEEKLY NUMBER OF ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED | | | | | |
| | CATTLE | CALVES | SHEEP | GOATS | SWINE | EQUINES |
| | YOUNG CHICKENS | MATURE CHICKENS | TURKEYS | GEESE | DUCKS | GUINEAS |
| | 19. ESTIMATED WEEKLY VOLUME (Pounds) OF FRESH MEAT OR READY-TO-COOK POULTRY TO BE DISPOSED OF IN COMMERCE | | | | | |
| IN COMMERCE ONLY | BEEF | VEAL | LAMB OR MUTTON | GOAT MEAT | PORK | EQUINE MEAT |
| | YOUNG CHICKENS | MATURE CHICKENS | TURKEY | GOOSE | DUCK | GUINEA |
| | 22. ESTIMATED WEEKLY VOLUME TO BE PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED | | | | | |
| | | | | | | |
| PROCESSING | TYPE OF PRODUCT <input type="checkbox"/> RATITE <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> BOTH | | TOTAL POUNDS TO BE PRODUCED | | TOTAL POUNDS TO BE DISPOSED OF IN COMMERCE | |
| | 1 | | 2 | | 3 | |
| | a. Processed meats, sausage, hamburger, etc. | | | | | |
| | b. Sliced products (bacon, ham, beef, sausage, etc.) | | | | | |
| | c. Edible fats processed, including oleomargarine. | | | | | |
| | d. Fabricated products - steaks, roasts, meat and poultry dinners, pies, poultry rolls and roasts, etc. | | | | | |
| | e. Canned meat or poultry, all types except equine. | | | | | |
| | f. Boned fresh meat or poultry. | | | | | |
| | g. Cut fresh meat or poultry. | | | | | |
| | h. Equine meat products processed. | | | | | |
| | i. Cured and/or smoked meats. | | | | | |
| j. Other (Specify). | | | | | | |

This is an equal opportunity program. If you believe you have been discriminated against because of Race, Color, National Origin, sex, religion or disabled, write immediately to USDA's Office of Civil Rights, 5601 Sunnyside Ave., Maildrop 5261, Beltsville, MD 20705. Louisiana Relay Service number is 1-800-947-5277.

(REVERSE)

23. List all persons responsibly connected with the applicant. Include all partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the Area Supervisor of any changes in the listing given.

| NAME TITLE (Indicate if partner, manager) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | PLACE OF BIRTH (City and State) | PRESENT HOME ADDRESS (Street and Number City, State, Zip Code) | HOLDER OF 10% OF MORE VOTING STOCK (If Corporation) | YES () | NO () |
|---|------------------------------|---------------------|---------------------------------------|--|--|------------|-----------|
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24. Enter the name of each person listed under Item 23 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 23 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None".

25. List each conviction against the applicant (person, firm, or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm, or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None".

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (CHECK) YES ☐ NO ☐

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the State Meat and Poultry Inspection law (Originally Chapter 14, Title 40 of LA R.S. 40:2271 et.seq. redesignated Chapter 27, Title 3 R.S. 3:4201 to 3:4233.) and Regulations under Louisiana Administrative code Title 7, Part XXXIII, Chapter 169, 16901 to 169331 or both. I certify that all statements made here in are true to the best of my knowledge and belief.

WARNING: Persons willfully making false, fictitious, or fraudulent statement or entries are subject to \$5,000 fine or imprisoned not more than five years or both.

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|---|---|---------------|
| 27. TYPED NAME OF PERSON SIGNING APPLICATION | SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION | 28. SIGNATURE |
| | | 29. TITLE |

TO BE COMPLETED BY LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

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|--|-------------------|----------------------------------|
| 30. DATE RECEIVED | 31. DATE REVIEWED | 32. SIGNATURE OF AREA SUPERVISOR |
| 33. THIS PLANT TO BE UNDER FEE FOR SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO | | 34. SIGNATURE OF DIRECTOR |
| | | 35. DATE |